Statistics on drugs misuse
England, 2018
Key Facts

Key findings are shown on this page.

Report also includes information on:
- Hospital admissions due to poisoning by misuse of illicit drugs.
- Deaths due to misuse of illicit drugs.
- Prevalence of illicit drug use (adults and children).
- Those in treatment for substance misuse (adults and children).
- Drugs seizures.

7,545 hospital admissions in 2016/17
Admissions with a primary diagnosis of drug-related mental health and behavioural disorders.

12% lower than 2015/16
But 12% higher than 2006/07.

74% were male
Around three in four admitted patients were male.

8.5% adults (16-59) took an illicit drug in last year
Similar to 2015/16 but lower than 2006/07.
National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value. All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is NHS Digital’s responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly.

National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.


This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.
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Introduction

This statistical report presents a range of information on drug use by adults and children drawn together from a variety of sources. It focuses on England only where possible although some statistics are only readily available at GB or UK level or for England and Wales combined. Some of this is new information whilst some has been published previously.

More detail can be found in the source publications which contain a wider range of data and analysis.

Newly published data includes:
- Hospital Episode Statistics (HES)

The latest information from already published sources includes data from:
- Deaths related to drug poisoning in England and Wales
- National drug treatment monitoring system (NDTMS)
- Crime survey for England and Wales (CSEW)
- Adult Psychiatric Morbidity Survey (APMS)
- Smoking, Drinking and Drug Use (SDD)
- What About Youth (WAY)
- Seizures of Drugs in England & Wales

1. Most figures quoted in this report have been rounded to the nearest whole number. Unrounded data may be found in related data sources.
Part 1: Drug misuse related hospital admissions

This section presents information on the number of hospital admissions for diseases, injuries and conditions that can be attributed to drug misuse. Three measures for the number of drug-related hospital admissions have been calculated using Hospital Episode Statistics (HES) data:

- **Measure 1** – hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders;
- **Measure 2** – hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders;
- **Measure 3** – hospital admissions with a primary diagnosis of poisoning by illicit drugs.

More detail on the methods used to calculate these measures is provided in Appendix B.

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1. Based on the tenth revision of the International Classification of Diseases (ICD-10) Codes.
2. The primary diagnosis provides the main reason why the patient was admitted to hospital.
3. As well as the primary diagnosis, there are up to 19 (13 from 2002-03 to 2006-07 and 6 prior to 2002-03) secondary diagnosis fields in HES which show other diagnoses relevant to the episode of care. The reporting of secondary diagnoses has improved in recent years which can lead to an increase in admissions over time when the secondary diagnosis codes are used. This will be partly due to improved data quality rather than a real increase.
Hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders

There were 7,545 hospital admissions with a primary diagnosis of drug-related mental health and behavioural disorders. This is 12% lower than 2015/16 but 12% higher than 2006/07.

This represents 0.05% of all hospital admissions.

For more information: Tables 1 and 2 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)
Hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders

**Total number of admissions by age**

The number of admissions peaked in the 25 to 34 age range and then gradually decreased. About 1 in 3 (33%) of patients were aged between 25 and 34.

**Total number of admissions by sex**

More men than women were admitted. In total, 74% of the patients were male.

For more information: [Tables 1 and 2 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)](http://example.com)
Hospital admissions with a primary diagnosis of drug-related mental and behavioural disorders

Regions

The North West had the highest rate of admissions per 100,000 population for males with 31. The North East had the highest rate for females with 12.

Local Authorities

Liverpool had the highest rate of admissions with 54 per 100,000 population. The next highest was Hull with 51, followed by Greenwich with 46.

1. City of London and Isles of Scilly had no admissions and 3 other LAs had their rates suppressed to mitigate against individuals being identified. For more information: Table 2 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)
Hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders

There were 82,135 hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders. This is at a similar level to 2015/16 but over double the level in 2006/07. The increase from 2006/07 will be partly due to improvements in recording of secondary diagnoses. This represents 0.5% of all hospital admissions, which is the same as 2015/16, but almost double the rate in 2006/07.

For more information  Tables 3 and 4 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)
Hospital admissions with a primary or secondary diagnosis of drug-related mental and behavioural disorders

Total number of admissions by age

The number of admissions was highest in 25 to 34 and 35 to 44 age range. Overall, 57% of patients were aged between 25 and 44.

Total number of admissions by sex

More men than women were admitted. In total, 70% of the patients were male.

For more information  Tables 3 and 4 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)
The North West had the highest rate of admissions per 100,000 population for males and females at 314 and 138 respectively. Hartlepool had the highest rate of admissions, with 498 per 100,000 population. The next highest was Blackpool with 472, followed by Middlesbrough with 463.

1. One LA had its rate suppressed to mitigate against individuals being identified.

For more information: Table 4 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)
Hospital admissions with a primary diagnosis of poisoning by illicit drugs

There were 14,053 hospital admissions with a primary diagnosis of poisoning by illicit drugs.

This is 7% lower than 2015/16 but 40% more than 2006/07.

1. Code T40.4 has been excluded from 2012/13 onwards. It contributed 283 admissions in 2011/12 which was 2.3% of the total. See Appendix B for more information.

For more information: Tables 5 and 6 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)
Hospital admissions with a primary diagnosis of poisoning by illicit drugs

**Total number of admissions by age**
The number of admissions was highest in the 25 to 34 age range, with 3,232 admissions. Almost two thirds of patients were aged between 16 and 44.

**Total number of admissions by sex**
More men than women were admitted. In total, 53% of the patients were male.

For more information: Tables 5 and 6 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)
Hospital admissions with a primary diagnosis of poisoning by illicit drugs

Regions

The North East had the highest rate of admissions per 100,000 population for males at 44, with The North West being highest for females at 38.

<table>
<thead>
<tr>
<th>Region</th>
<th>Male</th>
<th>Female</th>
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<tbody>
<tr>
<td>South West</td>
<td>20</td>
<td>15</td>
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<tr>
<td>South East</td>
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<tr>
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</tr>
<tr>
<td>North East</td>
<td>48</td>
<td>40</td>
</tr>
</tbody>
</table>

Local Authorities

Blackpool Borough Council had the highest rate of admissions, with 104 per 100,000 population. The next highest was Middlesbrough with 68, followed by St. Helens with 64.

1. City of London had no admissions and 2 other LAs had their rates suppressed to mitigate against individuals being identified.

For more information: Table 6 of Statistics on drug misuse, England, 2018 (based on 2016/17 HES)
Drug misuse and drug dependence are known causes of premature mortality. Drug-related deaths occur in a variety of circumstances, each with different social and policy implications. Consequently, there is considerable political, media and public interest in these figures.

This section presents information on the number of deaths that can be attributed to drug misuse. Deaths were included where the underlying cause was due to drug poisoning and where a drug controlled under the Misuse of Drugs Act 1971\(^1\) was mentioned on the death certificate.

The data source is the Office for National Statistics (ONS)\(^2\) who provide details on the definition of a drug misuse death involving illegal drugs.

The figures presented here are for deaths registered each year, rather than deaths occurring each year. Almost all drug-related deaths are certified by a coroner. Due to the length of time it takes a coroner to complete an inquest, about half of drug-related deaths registered in a particular year will have actually occurred prior to that year.

Nevertheless, general trends in drug-related deaths are broadly equivalent, regardless of whether the data is analysed by year of occurrence or year of registration.

The data presented in this report covers England and Wales combined. The number of deaths for England only is available from the ONS source data. However as all breakdowns in the ONS data are for England and Wales combined, this report uses the overall England and Wales figure for consistency.

1. Misuse of Drugs Act 1971
2. Deaths Related to Drug Poisoning in England and Wales Statistical bulletins
In 2016 there were 2,593 registered deaths in England and Wales related to drug misuse. This is 0.5% of all deaths. This is an increase of 5% on 2015 and 58% higher than 2006, and is currently at its highest level since comparable records began in 1993 (831 registered deaths).

In 2016, 80% of deaths (2,062) were due to Accidental poisoning by drugs, medicaments and biological substances. 4 deaths were for assault by drugs, medicaments and biological substances.

For more information: Tables 1 to 3 of Deaths related to drug poisoning in England and Wales: 2016 registrations, Office for National Statistics
Deaths related to drug misuse

Drug related deaths by age

61% of registered deaths were for people aged between 30 and 49.

Drug-related deaths by sex

There were substantially more drug related deaths amongst men.

In total, 73% of the death were for males.

For more information: Tables 1 and 5 of Deaths related to drug poisoning in England and Wales: 2016 registrations, Office for National Statistics
Part 3: Drug use among adults

This section presents a range of information on drug use among adults including the prevalence of drug use, the number of people receiving treatment for drug addiction, comparisons across European countries and information on legal highs.

The main source of data for drug use among adults is the *Drug misuse: findings from the 2016 to 2017 Crime Survey for England and Wales* published by the Home Office. This is an annual publication covering the prevalence and trends of illicit drug use among 16 to 59 year olds including separate analysis on young adults (16 to 24).


Information on treatment for drug use is taken from the *National Drug Treatment Monitoring System (NDTMS)*.

Information is also summarised from the *European Drug Report – Trends and Developments, 2017* which is published by the European Monitoring Centre for Drugs and Drug Addiction and the *EU Drug Markets Report - Strategic Overview, 2017*.
**Prevalence of drug use among adults**

**16 to 59 year olds**
Around 1 in 12 (8.5%) adults aged 16 to 59 in England and Wales had taken an illicit drug in the last year.
This level of drug use was similar to the 2015/16 survey (8.4%), but is significantly lower than a decade ago (10.1% in the 2006/07 survey).

**16 to 24 year olds**
Around 1 in 5 (19.2%) young adults aged 16 to 24 had taken an illicit drug in the last year.
This level of drug use was similar to the 2015/16 survey (18.0%), but significantly lower compared with a decade ago (24.2% in the 2006/07 survey).

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1. Charts are on different scales so not comparable.
For more information: Tables 1.02 and 1.06 of Drugs Misuse: Findings from the 2016/17 Crime Survey for England and Wales
Selected drug use

Men aged 16-59 in England and Wales were more than twice as likely to report using cannabis in the last year than women (9.0% of men compared with 4.2% of women).

Men were also more than twice as likely to report using powder cocaine than women (3.3% compared with 1.3%) and just under twice as likely to report using ecstasy (1.7% compared with 0.9%).

Cannabis

As in previous years, cannabis was the most commonly used drug, with 6.6% of adults aged 16 to 59 having used it in the last year.

This was similar to the 2015/16 survey (6.5%), but showed a significant fall compared with a decade ago (8.2%).

For more information: Table 3.05 of Drugs Misuse: Findings from the 2016/17 Crime Survey for England and Wales
16 to 59 year olds
Fewer than 1 in 200 (0.4%) of adults had used an NPS in the last year which is significantly lower than the 2015/16 estimate (0.7%).
Men were twice as likely to have used an NPS in the last year than women (0.6% compared with 0.3% of women).

16 to 24 year olds
Fewer than one in 80 (1.2%) young adults aged 16 to 24 took an NPS in the last year which is significantly lower than the estimate from 2015/16 (2.6%).
Among men aged 16 to 24, 1.6% had used an NPS in the last year compared to 0.9% of young women.

1. Charts are on different scales so not comparable.
For more information: Table 4.01 of Drugs Misuse: Findings from the 2016/17 Crime Survey for England and Wales
Prevalence of drug dependence among adults

Trends in signs of drug dependence

Between 1993 and 2000 there was an increase in the proportions of adults (16-64) reporting signs of dependence in the past year.

Since then, the overall level of signs of dependence has remained stable.

Drug dependency decreased with age.

11.8% of men aged 16 to 24 showed signs of drug dependence

For more information: Tables 11.5 and 11.6 of the Adult Psychiatric Morbidity Survey, 2014
Prevalence of drug dependence among adults by ethnicity and employment status

Drug dependence by ethnic group
Using age-standardised data, the proportion showing signs of dependence was highest (at 7.5%) among adults in the Black/Black British group. This may be explained by higher rates of cannabis use in this group, and could reflect reporting of daily use.

Drug dependence by employment status
Among people aged 16–64, the prevalence of drug dependence varied with employment status. In men, signs of drug dependence were most common in those classed as economically inactive \(^1\) (9.6%). For women, the highest prevalence was found in those who were unemployed (4.4%).

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1. The ‘economically inactive’ group includes students, and those looking after home, long term sick or disabled, or retired.
For more information: Tables 11.7 and 11.9 of the Adult Psychiatric Morbidity Survey, 2014
Adults receiving help for substance misuse

Reasons for treatment
279,793 individuals were in contact with drug and alcohol services in 2016/17.

More people were treated for opiates than the other three categories combined.

For more information: Table 4.2.1 of Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS), 2016-2017

1. Excludes those receiving treatment for non-opiates and alcohol.

Individuals in treatment by age
The age profile of opiate users was older than those using only non-opiates.

18-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70+
30 20 10 0 10 20 30

Opiate | Non-opiate

Percentage

Thousands

Opiate
Non-opiate and alcohol
Alcohol only
Adults in a secure setting receiving help for substance misuse

**Reasons for treatment**

59,258 individuals were in contact with drug and alcohol services in secure settings in 2016/17 with the majority being in a prison setting (55,721).

A similar number of people were treated for opiates than the other three categories combined.

**Individuals in treatment by age**

The age profile of opiate users was older than those using only non-opiates.¹

![Age profile chart]

¹ Excludes those receiving treatment for non-opiates and alcohol.

For more information: Table 4.2.1 and table 4.3.1 of Secure setting statistics from the National Drug Treatment Monitoring System (NDTMS), 2016-17.
International comparisons: Cannabis use

Levels of lifetime use of cannabis\(^1\) differ considerably between countries, from 41% in France and around 36% of adults in Denmark to 4% in Malta and less than 1% in Turkey. 29% of adults in England and Wales had used cannabis. This was above the European Union average (26%).

\(^{1}\) Lifetime usage for adults (15-64). Age range and year of survey varies by country – E&W figure is taken from 2015/16 CSEW. See footnotes in source report table for further details.

For more information: Table A5 of European Drug Report – Trends and Developments, 2017, European Monitoring Centre for Drugs and Drug Addiction
Levels of lifetime use of cocaine\(^1\) differ considerably between countries, from almost 10% of adults in England and Wales to 0.7% in Slovakia and 0.5% in Malta.

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1. Lifetime usage for adults (15-64). Age range and year of survey varies by country – E&W figure is taken from 2015/16 CSEW. See footnotes in source report table for further details.

For more information: Table A2 of European Drug Report – Trends and Developments, 2017, European Monitoring Centre for Drugs and Drug Addiction
Part 4: Drug use among children

This section presents a range of information on drug use among children including prevalence and frequency of drug use and attitudes towards drug use. This information has been taken from two NHS Digital publications.

Information is provided from *Smoking, Drinking and Drug use among Young People in England (SDD)* which surveys pupils in secondary schools across England to provide national estimates and information on the smoking, drinking and drug use behaviours of young people aged 11 - 15.

There are two local authority maps showing prevalence data from *What About YOuth? (WAY)* which surveyed 15 year olds with questions about their health, diet, exercise, bullying, alcohol, drugs and smoking.

It should be noted that the SDD survey is completed at school in exam conditions without the involvement of parents or teachers but WAY is completed at home when other family members may be present. This will affect comparability between the two surveys as respondents may be less likely to admit to behaviours such as drug taking when carrying out surveys in a home setting.

In addition, this section summarises information from the *Young people’s statistics from the National Drug Treatment Monitoring System (NDTMS).*
Drug use prevalence

Ever taken drugs, by year

In 2016, 24% of pupils reported they had ever taken drugs\(^1\). This compares to 15% in 2014. Part of the increase since 2014 may be explained by the addition of questions on nitrous oxide (NO) and new psychoactive substances (NPS). After allowing for this however (solid line on chart showing 21% in 2016), it still represents a large increase which has not been observed in other data sources\(^2\). Therefore an estimate from the next survey in 2018 is required before we can be confident that these survey results reflect a genuine trend in the wider population. In the meantime the results for drug taking from this survey should be treated with caution.

\(^1\) This is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 23% and 26%.

\(^2\) A comparison with other data sources is given on page 65 of the source publication.

For more information: Table 9.1, Chapter 9, Smoking, drinking and drug use among young people, 2016
Ever taken drugs

The likelihood of having ever taken drugs increased with age, from 11% of 11 year olds to 37% of 15 year olds.

For more information: Table 9.5, Chapter 9, Smoking, drinking and drug use among young people, 2016
Taken drugs in the last year

18% of pupils said that they had taken drugs in the last year.

Excluding new psychoactive substances and nitrous oxide (newly added to the drug prevalence measure in 2016), then 15% said they had taken drugs in the last year, up from 10% in 2014.

Taken drugs in the last year, by year

1) See ‘ever taken drugs’ chart on page 30 for dates of key policy initiatives.
2) This is an estimate and subject to a margin of error: the proportion in the population is likely to be somewhere between 17% and 19%

For more information: Table 9.2, Chapter 9, Smoking, drinking and drug use among young people, 2016

Taken drugs in the last year, by sex and age

Girls and boys were equally likely to have taken drugs in the last year.

The likelihood of having taken drugs in the last year increased with age, from 7% of 11 year olds to 30% of 15 year olds.
Drug types taken in the last year

Drug types taken in last year, by year\(^1,2\)

Cannabis is the drug that pupils are most likely to have taken in the last year, with 8% saying they had done so in 2016; similar to 2014 but well below the 13% reported in 2001.

The proportion saying they had taken volatile substances has been around 3% to 4% since 2010, and class A drug use around 2% to 3% across the same period.

Nitrous oxide and new psychoactive substances were included in the drug prevalence measure for the first time in 2016, with 4% and 2% of pupils respectively saying that they had taken them in the last year.

1) See ‘ever taken drugs’ chart on page 28 for dates of key policy initiatives. 2) Only selected drug types are shown. Pupils could state more than one drug type. For the full list see data table 9.6 in source report. See appendix C in source report for inclusions within volatile substances, class A drugs and psychoactive substances.

For more information: Table 9.6, Chapter 9, Smoking, drinking and drug use among young people, 2016
From whom pupils get drugs

**Whom pupils got drugs from on the most recent occasion**

49% of pupils said they had got the drugs from a friend on the most recent occasion, with most of these being from a friend of the same age. 26% of pupils said they got drugs from a dealer.

**Whom pupils got drugs from on the most recent occasion, by age**

Older pupils who use drugs were more likely than younger pupils to have obtained them from a friend or a dealer.

1) Based on pupils who have taken drugs on more than one occasion. 2) Selected responses only.

**For more information:** Tables 10.5 to 10.8, Chapter 10, *Smoking, drinking and drug use among young people, 2016*
Where pupils get drugs

Where pupils got drugs on the most recent occasion\(^1\)

52\% of pupils said they were in a street, park or other outdoor area when they last obtained drugs.

14\% of pupils said they were at school and 14\% at someone else’s home.

Where pupils got drugs on the most recent occasion, by age\(^{1,2}\)

Older pupils were more likely to have obtained drugs in an outdoor area, and less likely to have obtained drugs at school.

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1) Based on pupils who have taken drugs on more than one occasion. 2) Selected responses only.

For more information: Tables 10.9 to 10.12, Chapter 10, Smoking, drinking and drug use among young people, 2016
In 2014, 24.2% of young people in Brighton and Hove had ever tried cannabis. Just 4.9% in Slough had ever tried cannabis.

8.0% of young people in Brighton and Hove had ever tried any other drugs, followed by 6.7% in Torbay. Just 0.8% in Staffordshire had ever tried any other drugs.

For more information: Tables 8.14 and 8.37, Chapter 8 of WAY Survey 2014
Young people attending specialist substance misuse services

Trends in primary substance

The number of young people attending specialist substance misuse services was 16,436, down 4% from the previous year.

Primary or adjunctive substance use

88% of young people reported either primary or adjunctive cannabis use. The proportion citing new psychoactive substances (NPS) has decreased to 4% from 6%.

For more information: Tables 2.3.1 and 5.2.1 of Young people’s statistics from the NDTMS, 2016/17

1. Includes those receiving treatment for alcohol only.

2. Primary substance use - the substance that brought the young person into treatment at the point of triage/initial assessment. Adjunctive substance use - other substances cited by the young person.

3. Other opiates includes methadone
Young people in treatment in secure settings

Substance use¹

The most commonly cited substance in 2015/16 was cannabis, reported by 91% of young people. Just over half of young people cited problematic alcohol use, making it the second most cited substance (51%).

Age and gender breakdown

Overall, 89% of all young people in treatment were male. Females were younger on average, with the most common age being 15, compared to 17+ for males.

1. Shows the substances young people reported as having problems with, and required treatment for, at the triage assessment.

For more information: Table 7.2.1 and table 7.4.1 of Secure setting statistics from the National Drug Treatment Monitoring System (NDTMS), 2016-2017
Part 5: Drug seizures in England and Wales

This section presents figures for drug seizures made in 2016/17 in England and Wales by the police (including the British Transport Police) and Border Force, taken from Seizures of drugs in England and Wales, financial year ending 2017.

The data relate to all drugs controlled under the Misuse of Drugs Act 1971 (MDA), which divides drugs into three categories (Classes A, B and C) according to the harmfulness they cause to the user or to society when they are misused.

The number of seizures made can be affected by police activity and changes in recording practices, therefore the number of drug seizures each year should not be taken as a measure of drug prevalence in England and Wales.

1. Misuse of Drugs Act
Drug seizures in England and Wales

Number of seizures
In 2016/17, there were 138,955 seizures of drugs in England and Wales, a 6% decrease since 2015/16, when there were 148,553 seizures.

Quantity of class A drugs seized
In 2016/17, there were 14,892 Cocaine seizures by the police and Border Forces. This is 4% lower than in 2015/16.

For more information: Summary Table 1 of Seizures of drugs in England and Wales, financial year ending 2017
Drug seizure numbers by drug type and authority
The majority of all drug seizures during 2016/17 were performed by the police.
Anabolic steroids is the only drug shown below where Border Forces made the majority of seizures.

Drug seizure quantity by drug type and authority
Border Force seized relatively large quantities per seizure compared to the police.
They seized more than half of all types of drug shown apart from crack and cannabis plants.

1. Only drugs with more than 1,000 seizures, and with data available for both the police and Border Force, in 2016/17 have been included. Data for excluded drugs are available in the source report.

For more information: Summary Tables 1 and 2 of Seizures of drugs in England and Wales, financial year ending 2017
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